

(1) PLACE

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

34240

County of York
Township of Broad Run

Inc. Town of

City of

Registration District No. 11

Registered No. 17
(For use of Local Registrar)

Ward

(If birth occurs in a hospital or other institution, give name of institution and of street and number.)

(2) Full Name of Child Eugene Leach

If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Type or Figure V (5) Number in order of birth 9 (6) Are Parents Married yes (7) Date of Birth July 19, 1923 (8) Month (9) Day (10) Year

FATHER.

(11) FULL NAME Robert Leach

(12) PRESENT POSTOFFICE OF FATHER Sharon S.C.

(13) COLOR OR RACE Black (14) AGE AT LAST BIRTHDAY 40 (15) Year

(16) BIRTHPLACE York Co S.C.

(17) OCCUPATION Farmer

(18) Number of children born to mother, including present birth 3

MOTHER.

(19) NAME BEFORE MARRIAGE Effie Hardin

(20) PRESENT POSTOFFICE OF MOTHER Sharon S.C.

(21) COLOR OR RACE Black (22) AGE AT LAST BIRTHDAY 33 (23) Year

(24) BIRTHPLACE York Co S.C.

(25) OCCUPATION House wife

(26) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was born July 19, 1923, at 6 A.M., on the date above stated.

(28) (Signature)

(29) State whether Physician or Midwife

(30) Address of Physician or Midwife

Given name added from a supplemental report

(31) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

(32) Filed Oct. 30, 1923

(33) S. H. Wilkerson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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